

Affidavit for Assignment

(Applicant's Name)

(Transaction Control Number)

(Applicant's Contact Number)

(Position Assigned)

Based on the information we have obtained on the above named individual, we are making the decision below regarding their assignment to our district.

_____ Yes, we are accepting this applicant on assignment at our district.

_____ No, we are not accepting this applicant on assignment at our district.

I state I am authorized to make this decision for our district and have based my decision on current district policies/guidelines and current Michigan Law. I understand that I am responsible to notify (insert your organization) in writing if this decision is overturned.

Signature

Date Approved

Printed Name & Title